

The Times and Register.

VOL. XXVIII. No. 5.

PHILADELPHIA, AUGUST 4, 1894.

WHOLE No. 830.

Original.

A SUGGESTION UPON THE PREPARATION OF THE FINGERS AND NAILS FOR SURGICAL OPERATIONS. *

BY OSCAR H. ALLIS, M. D., PHILADELPHIA, PA.

The nails form no mean part of a surgeon's outfit. As a covering to the end of the finger they give confidence; in the threading of needles they are often indispensable; while often, when working among adhesions, they may serve a good turn. If the nails are too long they are in the way, and if too short, a privation. A medium length of nail is an exceedingly valuable helper at times. With some the length of nail is governed by the ability to keep it clean. Hence the nail is kept very short—much to the disadvantage of prehension, in which man excels.

The surgical care of the nails has had its full share of attention. The nail-brush forms a part of every physician's and surgeon's outfit. It is cheap, compact and moderately thorough. Its disadvantages are that if stiff it is apt to scratch the hand or cut beneath the nails; if soft, it is of little value. To supplement the defects of the brush, some persist in using the point of the nail blade of their pocket-knives. I say persist in using—as much has been written against the practice. Not only is there danger of cutting the flesh beneath the nail, but it leaves the under surface of the nail rough, making it a ready

collector of filth, and less easily cleansed for a subsequent operation.

To avoid the knife I have long used a little wedge-shaped piece of soft pine. This, when wet, frays up, makes a kind of mop, is a good carrier of soap, and enables me to wash out under the nail. The objection to my device was that the pine too rapidly frayed out, became bulky and required frequent trimming. Finally, I hit upon the rubber eraser. A variety is made for artists and school children that is wedge-shaped. This is ready for use as it is found at the stationers, though, if made a little sharper, it is softer and more like a mop. It is pliable, soft and an excellent carrier of soap.

For the hand, generally the old-fashioned wash-rag cannot be improved upon. It is a good carrier of soap, and with it each finger in turn can be tightly caught and wrung until it is clean. With the nail or hand brush only the back and front of the fingers get the scrubbing.

In addition to the implements usually deemed important for the cleanliness of the under surface of the nails, a very valuable one is the nail itself. Noticing that a young lady's fingers, whom I frequently met, were always exceedingly neat, I made bold to ask her methods, and was surprised to find that she had nothing more modern than a pair of scissors to trim her nails, and that with wash rag and the tips of her finger nails she kept her hands in most perfect order. One thing that may be said of the finger nail as a nail-cleaning instrument, is that it will not scratch the under surface of the nail, a very important factor in the process, whether one aims at beauty or cleanliness.

* Read June 13, 1894, before the Philadelphia County Medical Society.

A CASE OF PYAEMIA DUE TO APPENDICITIS.*

BY RICHARD H. HARTE, M. D.

The history of the case I wish to present to you this evening is as follows: A. C., aged twenty-five years, a weaver by occupation, was admitted to the medical wards of the Episcopal Hospital, May 9, 1894, at the request of his medical attendant, Dr. Ferguson, supposing the man to be suffering from abscess of the liver.

On admission the following facts were elicited, which I have copied from the Resident's meagre notes: Family history—Negative. Previous history—Enjoyed good health, although not especially robust; about three years ago recalls having a short illness ushered in by a chill, the prominent symptoms of which were sharp cramp-like pains referred to the lower third of the abdomen; was confined to bed for a week. (This was undoubtedly an attack of appendicitis.) Present attack—States that he was feeling perfectly well up to about two weeks ago, when he was awakened with sharp pains in the right iliac fossa, and in the course of the morning they were followed by a pronounced chill, succeeded by sweating; through the day he felt nauseated, and in the evening vomited.

During the interval of two weeks from the time of his first attack until his admission into the hospital, he had always once in the 24 hours, and sometimes oftener, a decided chill followed by profuse sweating; pain, referred in the right iliac, umbilical and hypochondriac regions was almost continuous; the bowels were watery, and moved daily; the patient was confined to bed and growing weaker.

After his admission into the medical wards all his symptoms were referred to the region of the liver, over which there was distinct tenderness. The daily chill and high temperature (106 degrees F.) naturally led my colleague, Dr. Morris, on the medical side, to suspect abscess of the liver, and he transferred the case to the surgical wards for operation.

On the day after his transfer to the

surgical wards I found the case very much as above stated, the right hypochondriac region being tender on pressure, liver area increased. On examining the case in the ward before operation, I exposed but a small portion of the abdomen and noticed a distinct eruption, which I supposed was due to the vigorous use of a scrubbing brush. The case was then taken to the operating room and etherized, and on a more careful examination of the abdomen under an anaesthetic I found the eruption, which I had first supposed was due to the bichloride and friction, to be pretty generally distributed over the entire trunk, and in appearance was not unlike the eruption of typhus fever, or in other words, a distinctly morbilliform eruption. The history at that time in my possession was rather negative, and I decided not to operate until more definite data could be obtained. On the following day I saw the physician under whose care he had been, and with my colleagues, Drs. Deaver, Neilson and Morris, decided to make an exploratory incision over the region of the liver. The patient was etherized, and an incision corresponding to the right semilunar line gave a free opportunity to explore the surface of the liver, which appeared normal. An exploration with an aspirating needle failed to reveal any purulent collections. The region of the appendix was explored through the abdominal wound, suspecting that possibly it might be the seat of the trouble; but with the hand carried down over the liver to the right iliac fossa, no evidence of trouble was apparent.

After the operation the chills seemed to be less severe, not being so frequent as before, and the temperature not rising so high. The external wound closed quickly, and no symptoms relative to the operation were manifest. The next chill was four days after the operation, and did not rise nearly to within two degrees of the height of the previous one. The next chill did not appear until the fifth day, although the patient was gradually growing weaker, and died on the tenth day after the operation. After the second chill he began to expectorate bloody mucus, sometimes a cupful of blood being expectorated during the twenty-four hours.

A post-mortem examination revealed the liver slightly enlarged and filled with a large number of

*Read at the Philadelphia Academy of Surgery. Meeting June 4, 1894, the President, Dr. William Hunt, in the chair.

metastatic abscesses, the principal pus collection and largest abscess being in the left lobe. The appendix was entirely destroyed, and its position occupied by a small pus cavity holding about three drachms of pus. The cæcum for several inches beyond its attachment to the appendix was gangrenous. There were some septic deposits in the lungs, although no distinct infarcts were to be found. The reason I ascribed for the liver being affected, which is usually a secondary affection coming under the general circulation, is that the materies morbi coming from the appendix immediately entered the portal circulation—superior mesenteric vein—and consequently the first deposit would naturally be found in the liver.

The post-mortem here distinctly revealed a case of pyæmia, the primary cause of infection arising from the appendix. One peculiar feature in the case was the eruption, which was more or less misleading, although eruptions in suppurative fever, or pyæmia, have long been recognized, and are spoken of by Braidwood in his exhaustive treatise on that disease.

My object in briefly reporting this case to-night, is that I think it of no little interest (without wishing to go into the subject of pyæmia, which is so familiar to all the Fellows of the Society), throwing as it does more light upon the much mooted subject of appendicitis, and again adding its weight to the testimony that the above mentioned disease is strictly a surgical affection rather than a medical one; for I feel certain that had the true condition of affairs been recognized at the onset of the attack, the ultimate termination might have been different.

REPORT OF THE COMMITTEE ON "PREVENTION OF BLINDNESS THROUGH LEGISLATIVE ENACTMENT*."

At the Meeting of the Medical Society of New Jersey, held at Asbury Park, June, 1893, a paper entitled "The Present Status of Legislation for the Prevention of Blindness" was presented, and the following resolutions were unan-

imously adopted: Resolved, That a committee of three be appointed to consider the question of Legislation for the Prevention of Blindness, to report at the next annual meeting of the society.

Your committee would respectfully report that action favoring such legislation for the prevention of blindness is under way in a large number of States, and that in six States, i. e., New York, Maine, Rhode Island, Minnesota, Ohio and Maryland, laws have already been enacted making it a criminal offense punishable by fine and imprisonment, of any person or persons neglecting to comply with them.

The census returns for 1890 indicate a total of 50,411 hopelessly blind in the United States; of these, 27,983 are males, 22,458 are females; 43,351 are white, 7060 are colored; 41,265 are natives, 9146 are foreigners.

It is estimated that nearly twenty per cent. of all blindness occurring in early life is dependent upon ophthalmia neonatorum; it has been shown that the disease may be almost absolutely prevented by prophylactic treatment, and that when ophthalmia neonatorum does occur and the inflammatory processes resulting have involved the cornea, it is a disease which frequently results in complete destruction of the eyes.

When a qualified practitioner of medicine can be placed in charge of a case at the onset of the disease, and an active antiphlogistic and curative treatment at once adopted, the prognosis is favorable to an ultimately satisfactory recovery. Hence the necessity of placing all sufferers from this affection under appropriate and skillful medical treatment by "legislative enactment."

Legislation directed at such cases compels attention; and, requiring immediate report of all midwives, nurses and attendants cannot fail to accomplish much good, as all of the fallacies regarding the etiology of the disease from cold, the treatment by the application of breast milk and the numberless remedies advised by ignorant "knowalls," will be relegated to a well-earned obscurity.

That prophylactic treatment will reduce the percentage of cases of ophthalmia neonatorum occurring to the minimum is acknowledged, and easy of demonstration by a study of the literature, some authorities claiming that it will only occur in about two-tenths of one per cent. of all deliveries

*Presented at the 128th annual meeting of the Medical Society of the State of New Jersey.

against at least ten per cent. of all cases, when no prophylaxis has been adopted. The method of Credi is recommended by the committee for use after all deliveries. The treatment is simple and is unattended by any danger. It consists in carefully washing the eyes immediately after delivery with a soft linen cloth dipped in plain tepid water, which has been used for no other purpose, and the instillation of a single drop of a two per cent. solution of argent. nit., which is allowed to fall from a pipette immediately upon the cornea. The lids are then closed.

That in cases of ophthalmia neonatorum once developed, prompt treatment frequently results in preventing corneal infection and subsequent loss of the eyes is undisputed. When a purulent secretion is present the eyes should be cleaned frequently enough to keep them free from pus. The period of time between such cleansing should never be at any time of the day or night be longer than one hour, and should, if necessary, to keep the eyes free from pus, be as frequent as every 10 or 15 minutes. The lids should be gently separated by the fingers, care being taken, especially if there is any suspicion of corneal infection, not to make any pressure on the globe. The accumulated pus is to be removed carefully with a pledget of cotton dipped in tepid water, or preferably a tepid solution of hydrargyrum bichloride, one to ten thousand. The inflamed conjunctiva should never be wiped with the cotton, the pus being either removed by flushing the eye with water squeezed from it or by gently patting the everted lid, if necessary. The palpebral conjunctiva should each day receive an application of a solution of argent. nit. varying in strength with the period of and severity of the disease—argent. nit. gr. v. to XL aqua dest. oz. 1.

In the early stage of the disease, the bathing should be very frequent and the applications thoroughly accomplished in order that corneal infection may be prevented, as the probability of corneal infection is lessened after the acute phases of the disease are controlled. If the inflammation is very acute ice cloths are, if they can be kept in position, of service and very grateful to some patients. If solutions of argent. nit. stronger than gr. x to the ounce are used the lid should be im-

mediately bathed with a mild saline solution to neutralize the silver and prevent erosion of the cornea.

If the cornea becomes affected sulphate of atropia gr. 1 to the ounce of aqua destil., should be instilled, one drop three or four times a day, or if the corneal ulceration be peripheral, sulphate of eserine gr. $\frac{1}{4}$ to the ounce aqua dest. may be used, one drop three or four times a day.

If the secretions diminish on the third or fourth day of the treatment, renewed vigilance should be recommended on the part of the attendant, in order that a probable relapse may be prevented, from which recovery is often very slow and which is invariably more difficult to control than the primary infection, and quite apt to be followed if it does occur by corneal ulceration.

In every case of purulent eye disease each person who may have occasion to handle the purulent secretion should be especially warned to thoroughly cleanse and disinfect the hands after every contact with the infectious products, and to destroy by burning all cotton or cloths used in bathing the eyes.

A circular letter, directing the attention of the medical profession throughout the United States to the subject of legislation for the prevention of blindness resulting from ophthalmia neonatorum, was issued by the committee appointed by the American Medical Association at the annual meeting in 1893.

The following draft of a bill for the prevention of blindness resulting from ophthalmia neonatorum, which was enclosed with the circular, is recommended by the committee for the approval of the society, and for subsequent adoption by the Senate and General Assembly of our State. "A bill for the prevention of blindness in the State of New Jersey:"

The people of the State of New Jersey represented in Senate and Assembly, do enact as follows:

Section I. Should one or both eyes of an infant become inflamed or swollen, or reddened at any time within two weeks after its birth, it shall be the duty of the attendant midwife, nurse, or attendant having charge of such infant, to report in writing, within six hours, to the health officer or some legally qualified practitioner of the city, town or district in which the parents of the infants reside, the fact that such inflammation or swelling or redness of the eyes exists.

Section II. Any failure to comply with the provisions of this act shall be punished by a fine not to exceed two hundred dollars, or imprison-

ment not to exceed six months, or both.

Section III. This act shall take effect on the — day of —, eighteen hundred and ninety —.

The committee would recommend a section in addition to the above, compelling the parents or relatives of any infant suffering from a purulent discharge from the eyes to place it immediately in charge of some legally qualified practitioner of medicine, or of the city or district physicians if unable to employ a family physician.

Although the committee have not considered it desirable at this time to incorporate with this present proposed enactment any methods of legislation regarding the prevention of blindness from other sources than ophthalmia neonatorum, they cannot refrain from enumerating some of the other sources of danger which might be possibly considered as susceptible of management by the State and local health boards.

Blindness as a result of trachoma and all blenorrhoeal communicable eye diseases, conveyed by the carrying of the germs of the disease or by the actual inoculation of the ocular or palpebral conjunctiva with the products of the inflammatory action may certainly be lessened by the adoption of ordinances by health boards and by assistance from the State Board of Medical Examiners.

Ordinances should be enacted prescribing regulations compelling in all public lavatories, whether located in hotels or other places, a strict observance of necessary sanitary precautions, scientific plumbing, especial care regarding the linen, and entirely forbidding the use of that common carrier—the roller towel.

In all schools and reformatories applicants should be examined by a competent medical examiner before admission, and any applicant declined who has any form of communicable eye disease unless especial quarters are provided for the isolation of such cases.

The buildings of all such institutions should be periodically inspected by experts in sanitary science, and a detailed report made to the State or local health boards setting forth the sanitary condition of the buildings, closets and lavatories. The capacity of the institution should be regulated by ordinance, fixing the number of persons to be admitted, allowing an ample air space for each person, and providing for the entrance of fresh air and abundant sunlight.

There is no source of danger promoting contagion more surely and rapid than the massing together of humanity in the vitiated air of closely-packed apartments with insufficient accommodations for the proper ablution and subtle poison arising from unsanitary sinks, lavatories and closets. The conditions referred to, by insidiously undermining the constitutions of the inmates, render them not only more susceptible to the contagion of communicable eye diseases, but make them fertile fields for the germination of the bacterial products of any form of contagion.

There should be apartments especially light and airy, set apart for the isolation of any case of communicable eye disease which may originate within the buildings, or may, for any reason, be admitted. The patients must be so domiciled that they will not become vehicles of contagion to the remaining occupants of the institution, and constant quarantine maintained until the danger of contagion has passed.

Blindness as a result of accident in factories seems to be on the increase. Greater precautions in guarding dangerous machinery is recommended. The posting of notices in conspicuous places where danger exists should be compelled by ordinance.

In closing, your committee would respectfully recommend that steps be taken at the next session of the Senate and Legislature of the State of New Jersey to have a bill for the prevention of blindness introduced as indorsed by and its passage requested for the Medical Society of New Jersey.

Respectfully submitted,

WALTER W. JOHNSON.

PHILANDER A. HARRIS.

The following resolution was unanimously adopted at the One Hundred and Twenty-eighth annual meeting of the Medical Society of New Jersey:

Resolved: That the Committee on Legislation for the "Prevention of Blindness" be continued, and requested to have a bill drawn and introduced at the next session of the Senate and General Assembly of the State of New Jersey, regulating the care of infants suffering from communicable eye disease, and that the bill be introduced as indorsed by and its passage requested for the Medical Society of the State of New Jersey.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

Subscription Price, - - \$1.00 Per Year.

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PUBLISHED BY

THE MEDICAL PUBLISHING CO.

Communications are invited from all parts of the world. Original articles are only accepted when sent solely to this Journal. Abstracts, clinical lectures, or memoranda, prescriptions, news and items of interest to the medical profession are earnestly solicited.

Address all communications to

1725 Arch Street.

PHILADELPHIA, AUGUST 4, 1894.

JULY MEETING OF THE STATE BOARD OF HEALTH OF MICHIGAN.

The Michigan State Board of Health held its quarterly meeting at the office of the secretary, in the Capitol, at Lansing, July 13, 1894. The meeting was called to order by President Frank Wells, of Lansing. Professor Fall, of Albion; Dr. Vaughn, of Ann Arbor, and Secretary Baker, of Lansing, were present. The regular business, including the auditing of bills and accounts, was transacted.

SMALLPOX IN MICHIGAN.

The secretary presented a tabular statement showing the smallpox in Michigan since January 1, 1894. The statement showed that in the State there had been 26 outbreaks at 21 places, with a total of 88 cases and 23 deaths—26 having recovered and 29 still remaining sick at nine places.

In the 26 outbreaks there have been,

on the average, to each outbreak, only 3.4 cases and .9 of one death. In nine of the 13 outbreaks, which are now over, the infection was restricted to the one house in which the first case occurred.

THE DISEASE WHICH CAUSES MOST SICKNESS.

President Wells said that he had long noticed that the weekly health bulletins published by the State Board show that of the 28 diseases reported upon by the regular observers around the State rheumatism is usually at the head of the list, as causing the most sickness in Michigan. Mr. Wells raised the question whether there was anything that this board could do in the way of publication of information which might tend to lessen the amount of sickness from rheumatism. Dr. Vaughn said he knew of nothing tangible yet relating to the restriction and prevention of rheumatism, which could be imparted to non-professional people. Rheumatism is a term used for many aches and pains. He thought no work should be undertaken now which will interfere with the tremendous effort being put forth by this board for the restriction and prevention of tuberculosis—the most important of all diseases. Dr. Baker said that the State Board has already done much for the creation of knowledge respecting the causation of rheumatism, which knowledge is essential to a proper action for its prevention. But we must wait for an advance in two lines of investigation not much entered upon by this board—that of bacteriology and that of physiological chemistry. Several times in the past it has seemed that facts were going to crystallize into a tangible theory; but, just as appearances were most favorable, ideas of medical investigators regarding the causation of rheumatism have changed. Much has been learned from the sickness statistics collected and published by this board. Cures have been made showing that rheumatism has a direct relation to meteorological conditions. The facts in this office show that tonsillitis follows the cold atmosphere, and that rheumatism follows tonsillitis. It is quite probable that if rheumatism is a germ disease, tonsillitis prepares a soil favorable to the reproduction of the germ and a way for its entrance into the body. We are waiting for the bacteriologists to find the specific organism.

So far as I know, only the pus-forming germs have been found in connection with rheumatism, and it is quite possible that they are the cause of the disease; if so, its increase, following the sore throats caused by "raw" cold weather, is explained by the facts on record in the State Board of Health Office. Diagrams exhibiting the rise and fall of rheumatism by seasons of the year prove that its course is similar to that of smallpox, consumption and other diseases known to be caused by germs, and known to enter the body by way of the air-passages. Secretary Baker suggested that a committee might be appointed to investigate the subject, and report to this board at some subsequent meeting. Dr. Vaughn said that at present all is speculation as to the causation of rheumatism, but he thought it quite probable that Dr. Baker's idea of the causation of rheumatism may be nearly the proper explanation; but that he would explain rheumatism as being a result of an over-exertion or unusual destruction of the cells of the body in trying to protect the body from an attack of a germ disease; in other words, it is an over-drugging on the part of Nature in order to throw off an attack of some germ disease. The uric acid, which is not excreted rapidly enough and which accumulates in the body and causes the rheumatic pains, is formed by the action and destruction of cells. On motion of Professor Fall it was voted that Dr. Baker prepare and read at a future sanitary convention a preliminary paper on the causation, restriction and prevention of rheumatism.

PROPOSED SANITARY CONVENTIONS.

The secretary presented an invitation from the Common Council for the Board to hold one of its sanitary conventions at Charlotte, the Council having appointed a committee to confer with the Board. After consideration, a committee of the State Board was appointed to meet with the local committee at Charlotte and make arrangements for the proposed convention.

A petition signed by the president and trustees and a large number of the prominent citizens of Union City, asking for a sanitary convention, was read and considered. A committee was appointed to visit and make arrangements for a convention at Union City.

The Board authorized the secretary

to reprint the leaflet on the restriction of typhoid fever to the number of 10,000 copies; also a modified form of the pamphlet on the restriction and prevention of smallpox.

AN "ELIXIR OF LIFE"—A DELEGATE TO THE INTERNATIONAL CONGRESS OF HYGIENE.

For a few years past Professor Vaughan has been engaged in some very important experiments in the State Laboratory of Hygiene at the University. These experiments relate to subjects of very great importance to the public welfare. One purpose is to accomplish the end which, at one time, it was thought, had been reached by Dr. Koch, namely, the preparation of a substance which can be introduced into the body and which shall antagonize germs of disease such as those of consumption. Professor Vaughan is now able to prepare a substance which there is reason to believe may be similar to the one normally used by the human body in battling with the germs of disease. His experiments are not yet conclusive as to the usefulness of this substance for the cure of disease, but they tend to prove that by its use immunity to the contraction of germ diseases is enhanced. The substance consists of the nuclei of cells, and, since it is probable that the spleen is the organ in the body which takes the most active part in battling with the germs of disease, he has given special attention to the preparation of "nuclein" made from the cells of the spleen.

Professor Vaughan has presented this subject before the medical societies in this country, and he now goes to the International Congress of Hygiene which meets in September this year in Budapest, Hungary, where he expects to meet the scientists engaged in this and other lines of scientific work, who will be there from every civilized country. From the discussions which will there take place he expects to gain much knowledge which will enable him to continue and extend his exceedingly important work. He goes as a delegate from the Michigan State Board of Health, and the Board expects Professor Vaughan to contribute, for the welfare of humanity, fully as much information as he will receive. This is not Professor Vaughan's first trip across the ocean. His first one was some years

ago for the purpose of studying bacteriology in the laboratory of Professor Koch. Three years ago he attended the International Congress of Hygiene which then met in London, England. His present trip is regarded as of much greater importance in connection with public health-work.

CARBONIC ACID IN THE ATMOSPHERE.

Secretary Baker, as Committee on Climate, etc., presented the subject of the "Decrease of the Amount of Carbonic Acid Gas in the Atmosphere," and remarked that some 20 years ago he had asked the Board to authorize a series of regular and accurate chemical analyses of the atmosphere with a view of determining whether there was any change in the amount of the carbonic acid gas in the atmosphere by seasons of the years, and by long periods of years. The subject is important now and may become more so in relation to the public health. Dr. Baker quoted from the Chemical News, London, August, 1893, as follows: "As evidence that the composition of the atmosphere is still slowly changing, it is stated that the last and most careful determinations of carbonic acid in the air have shown a decided decrease (0.05 to 0.03) in the last 50 years." On motion of Dr. Baker, the subject was referred to Professor Fall, of Albion, with request that he should report at the next meeting of this Board relative to methods and cost of the proposed series of tests of the atmosphere.

Book Notes.

ECLECTIC PRACTICE IN DISEASES OF CHILDREN. By the late John M. Scudder, M. D. Seventh edition. Published by Scudder & Sons, Cincinnati, O.

This work on children's diseases has attained the distinction of a seventh edition. The first part is devoted to infantile therapeutics of the eclectic school.

The second part is devoted to the care and management of infants. Under this heading the author makes a brief mention of the washing of the child, but omits many of the most important points.

Then he describes the clothing of the child, and he states that "the binder is only for use for the purpose of retaining the dressings of the cord and to give warmth." In our experience any kind of a binder is better done away with entirely, as there is very little warmth to a binder even of flannel, and the cord can be secured in other ways more practical.

He rightly criticizes the use of skirts and the material of which they are usually made, and also criticizes the diaper and admirably suggests that they be made of cotton flannel, which is soft and unirritating.

He next discusses how often the child should be washed, and we have no doubt that the manner in which he suggests that infants be washed would be hazardous to their health if followed up every day. A child may, however, receive a properly regulated morning bath without any danger of taking cold, and with comfort and health to the child.

He then gives attention to the dressing of the umbilical cord, and we are surprised to see that he recommends it should have a dressing of lard or oil, and be carefully redressed every day. This is an old-fashioned way of treating the cord, and one which, in our experience, has many times led to ulceration of the umbilicus. The cord should always be dressed without moisture; a generous wad of dry absorbent cotton wrapped well around it, and left entirely alone until it has had time to separate. In this manner one will avoid ulceration.

The book further treats of the diseases incidental to childhood in a concise and practical way. It is well printed on excellent paper and contains about five hundred pages. Price, five dollars.

A NEW PLACEBO.

Sterilized milk is becoming a popular hot-weather drink in New York.

Dr. John Williams, who attended the Duchess of York during her recent confinement, has been created a baronet.

Dr. V. P. Gibney has been elected professor of clinical surgery in the College of Physicians and Surgeons of New York city.

Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

SOME REMARKS CONCERNING MER-
CAURO (MERCURIC BROMIDE OF
GOLD AND ARSENIC) WITH
ESPECIAL REFERENCE TO
ITS USE IN THE TREAT-
MENT OF NEURO-
TIC CONDITIONS OF
SPECIFIC ORI-
GIN.

At a recent meeting of this society I had occasion to mention the use of arsenauroid (bromide of gold and arsenic) in epilepsy. Being, comparatively speaking, a new drug to this market, it was thought of sufficient interest to bring it more prominently before the Fellows.

The solution of mercauro (mercuric bromide of gold and arsenic) after the formula of Dr. Barclay, of Pittsburg, is of a beautiful red color, does not deposit, odorless and tasteless; dosage ranging from five to 20 drops, each 10 drops containing 1-32 of a grain of bromide of gold, 1-32 of a grain of bromide of arsenic and 1-32 of a grain of bromide of mercury. It does not disagree with the stomach, nor relax the bowels. It will produce pyralism, yet with less recession of the gums than is produced by mercury or the iodides.

Dr. Wood, in his admirable paper, read at the meeting of the Mississippi Valley Medical Association, in Indianapolis, laid great stress upon its efficacy in diseases termed scleroses, incipient phthisis, arthritis deformans, in syphilitic diseases in its various forms, in hemiplegias, etc.

I have the pleasure of exhibiting three cases to-night, and a record of eight others, all of whom, with one exception, belong to the neuroses.

Case I.—No. 436 of my college clinical records; diagnosis, hemiplegia. W. O. M., aged 28, married; residence, Denver, Col. Family history fairly good; occupation, proprietor of theatre. Habits, had used alcoholic beverages rather freely for five years. February 28, 1893, following a two days' drunk, patient vomited with great straining; passed into unconsciousness lasting 72 hours; complete dextra-hemiplegia, ataxia, aphasia, sinistra-hemiplegia supervened. December 2, 1893, patient presented himself at clinic having complete paralysis of the right side, could not count fingers with left eye; tongue on protrusion pointing sharply to the right; corners of the mouth greatly depressed on right side; arm on the right side could

scarcely be lifted away from the body; leg dragged after the patient in characteristic manner; all reflexes greatly exaggerated. Patient could answer yes and no to questions, but could not tell where he lived and had to be brought to the college. Was placed on liq. arsenic et hydrarg. iodide, five drops in a wine glass of water, after meals.

December 6, was given the mercauro (mercuric bromide of gold and arsenic) in five drop doses after meals.

December 9—Patient developed la grippe, treatment was discontinued, and acetanilide given.

December 13—Condition improved and mercauro (mercuric bromide of gold and arsenic) was given again.

December 20—Some improvement, medicine continued.

January 3, 1894—Dose increased to 10 drops.

January 26—Patient answers all questions with comparative ease, came to the clinic by himself, can lift his arm as high as his shoulder, the characteristic tremor taking place when he attempts to raise it still higher, can walk tolerably well; treatment continued.

February 2—Continued improvement.

February 14—Eating and sleeping as good as before attack.

February 28—Steady improvement in gait and speech.

March 10—Doing well.

March 17—Dose increased one drop every other day.

March 21—Has regained self-confidence.

April 4—Walks miles, does not have to use cane, no longer drags his foot. Secondary contraction of a slight degree has taken place in fingers only. Students not familiar with the case could not detect any depression at angle of the mouth. Sight in left eye much improved, though outer half is still impaired. Tongue points nearly in the median line. Patient steadily improving.

Case II.—J. R., age 35, tobaccoist; personal and family history good; he has never had syphilis nor rheumatism. His trouble began about 18 months ago, with the characteristic pains in the lower extremities. These pains were felt at irregular intervals, sometimes daily and sometimes not for the space of a week or 10 days. A short time afterward he noticed a change in gait. He also had frequent attacks of sick headache, three or four seminal emissions weekly, and difficulty in holding the urine. These symptoms ceased about four months ago, but the ataxia has greatly increased, and the pains still continue. He has noticed in the last three or four months a decline in the sexual power. He was admitted into

the hospital, February 1, 1894. The skin, reflexes and the knee jerk were normal; there were no sensory symptoms; he had the Argyll-Robertson pupil; co-ordination was so imperfect that he was unable to stand with the eyes closed and the feet together; and he could hardly make his way from one place to another.

In treating this case I started February 28 with eight drops of the mercauro (mercuric bromide of gold and arsenic), three times a day. From March 14 to April 1 the dose was increased one drop each day, the total quantity given during 33 days being 1245 drops, an average of 13 drops at each dose.

Case III.—W. P., aged 32, painter; personal and family history good. His illness dates back to February 1, 1892, the symptoms being constipation, difficulty in voiding urine, stiffness and soreness in the knees. In a short time the legs became useless. In six weeks he was about on crutches, being at the time under treatment at Hot Springs. He entered the hospital July 7, 1892. At the time there was very little sensation in the left leg, the condition of the right being about normal. He had incontinence of urine and feces.

Commencing February 7, I gave him five drops of the mercauro (mercuric bromide of gold and arsenic) after meals; the dose was increased daily until 11 drops were being given, making the average dose given during the course, of .10 drops, thrice daily. Bladder and bowel symptoms restored.

Case IV.—Mrs. S. (I will refer to this case briefly, not being able to get the patient to come here to-night). There was loss of sensation in right side of face; difficulty in co-ordination; ptosis, chronic constipation, loss of bladder control, reflexes lost. Four months' treatment followed by complete relief.

It could hardly be coincident that such decided changes for the better should have occurred in so short a time.

There have been and are now preparations on the market which are not solutions of bromide of gold and arsenic, but bromide of gold with hydrobromic acid, arsenic acid, and arsenious acid.

BLOOD—IRON.

Physicians who employ iron in their practice should be greatly interested in a new iron preparation recently introduced to the medical profession by Frederick Stearns & Co., Detroit, Mich., called *Hæmoferrum* (Blood Iron). This is a natural proteid compound aseptically prepared from fresh bullock's blood, and put up in 3 grain pilloids (flat pills), with a highly soluble coating. F. Stearns & Co. claim their *Hæmoferrum* to be free from all the objectionable features hitherto attending the administration of iron in other forms, it being extremely soluble, pleasant to the taste, agreeable in odor, is readily and easily assimilated, and neutral in reaction. Furthermore it is non-constipating (a valuable characteristic), non-irritating and non-poisonous, even in large doses.

Wherever introduced it has been warmly received by the medical profession, and has the cordial indorsement of the most prominent physicians in Detroit, in which city it has been thoroughly tested clinically. Dr. Hal C. Wyman, professor of surgery in the Michigan College of Medicine, states: "The pilloids of *Hæmoferrum* (Stearns') have in my hands proven a splendid tonic. In wards of the Detroit Emergency Hospital we have learned to depend upon them in the preparatory treatment of patients who must undergo severe surgical operations, and they have proven useful in the establishment of convalescence."

Hæmoferrum is especially valuable in treating cases of Anæmia and Chlorosis where the blood is deficient in iron. Messrs. Stearns & Co. will take pleasure in mailing samples of the preparation, with full descriptive literature, to all physicians who are interested, and on receipt of 10 cents will forward a full-sized package containing 100 pilloids, a quantity sufficient for a thorough clinical test. Write them.

TEXAS NOT A STATE FOR A YOUNG DOCTOR.

A correspondent writes that he left New York to verify the well-advertised chances for the young medical man in Texas; but after traveling throughout the entire State he found every place more than full, with not a few waiting for chances to earn money enough to get home. He says there is even a better chance in New York.

—N. Y. Med. Record.

THE IMMEDIATE REPAIR OF THE PERMANENT CERVIX.

Dr. H. D. Gardner, of Scranton, Pa., writes: "In the article of July 17 on the 'Causes and Diseases Peculiar to Women,' you say lacerations of the cervix and perineum should be repaired early. Now I, in common with many others, believe in the immediate repair of the perineum; I have never tried to repair the cervix, but think it might be done, and in order to do this you must first find the tear. Now, I know of no way so good as to look for it. Turn down the bedclothes, and, with a good light, lamp or candle, look and see whether there is a tear or not. No power on earth could prevent it, but you can repair it easily and quickly. I look upon this as the most important duty of the obstetrician."—N. Y. Med. Record.

Surgery.

Under the charge of T. H. MANLEY, M. D., 302 W. 53d St., New York.

EXCISION OF THE KIDNEY AND URETER.

P. I. Postnikoff records the case of a woman whose peritoneal cavity was opened on account of suspected hydronephrosis. The kidney was actually found distended, its glandular substance being almost entirely atrophied. The ureter was greatly dilated and its walls thickened, while the probing showed that its vesical end was blocked by calculi. The latter—14 in number—were extracted, after which the ureter was tied close to the bladder, and excised together with the kidney. For about 48 hours the patient suffered from obstinate vomiting, causing alarming prostration, but, under the energetic use of stimulants, she gradually rallied, and ultimately made a complete recovery, the wound healing without any complications. During the few days immediately following the operation the daily quantity of urine varied from 200 to 400 c.c., but subsequently rose permanently to the standard. As regards the removal of a whole ureter, the case is believed by the author to be unique.

—Vratch.

THE EXPERIMENTAL INOCULATION OF WARTS.

The *Journal de Clinique et de Therapeutique Infantiles* for June 21 publishes an article by Dr. G. Variot, who had observed in a child, 10 years old, typical warts on the back of the hands and pedunculated papillomata on the eyelids. The author concluded that there had been self-inoculation caused by friction, the child having been in the habit of rubbing the eyelids with the fingers. This child had been brought to a dispensary, where two medical students were present with the author. He noticed how this multiple localization favored inoculation, and he proposed to these students that they should become

inoculated in order to remove all doubt, to which they consented. An abrasion was made in a small flat wart on the child's hand—one that appeared to be still in its first growth, and on which the papillary protuberances were not distinct. After washing away the blood with a tampon of absorbent cotton, the point of an ordinary needle was thrust into the surface of the wart, and then with this needle several punctures were made in the skin of the students' fingers. The punctures were very superficial. Nothing resulted from this in the case of the younger student, but two months afterward the older one noticed that the epidermis, where the puncture had been made, had become thick and somewhat opaque. There was a sort of disc from two to three millimetres in extent, the outline of which was distinct. A month later he discovered a pimple, a hard and somewhat sensitive elevation in the region corresponding to that of the disc. Very soon this protuberance became covered with small points, and had a typical warty aspect. A month later the author made an examination and found an excrescence of three millimetres in diameter, the surface of which was covered with horny protuberances, which became more apparent when the epidermis was scratched. The consistence of this small mass was hard, and, on pressure, it was somewhat painful. There was no redness or any inflammatory reaction of the derma. The student's general health was good.

The author quotes the following from M. Besnier's annotation on Hebra's and Kaposi's work on the bacteriology of warts: "Cultures of microbes of warts on agar-agar have given greenish-yellow masses. The warts obtained by inoculation have not yet been examined under the microscope, but the examination of preparations makes it even now probable that these warts really represent common warts. With these cultures ten inoculations were made on four animals, and two yielded satisfactory results. About 15 days after the inoculation warty excrescences were discovered of

about the size of a grain of hempseed, somewhat flattened and brownish in color."

The value of inoculations made with cultures is above all criticism, but Dr. Variot thinks that those made directly with the lymph taken from the wart are of equal value.

Microbes inoculated in the epidermic layer multiply slowly, and in some instances more than two months had passed before an appreciable change of the epidermic layers and a hypertrophic reaction among the papillæ had been observed. Whether the development of warts experimentally inoculated is also always slow, the author says it is impossible to say, judging from the single instance which he has related. If similar experiments have already been made by other physicians, the process of the evolution of warts can be compared and certain conclusions formulated. It is certainly an established fact that warts are self-inoculable and capable of inoculation from one person to another.

The prophylactic measures which the author had prescribed, in the *Journal de Clinique et de Therapeutique Infantiles* for December, 1893, for avoiding the propagation and spread of warts should be strictly observed.

It is necessary, he says, to watch warty children carefully, to see that they do not rub or scratch the skin on the face or on the body with their hands, and in schools children should avoid coming in contact with those who have warts.—*New York Medical Journal*.

PULMONARY SEQUESTRUM IN PHTHISIS.

Kroenig recently showed before the Berlin Medical Society a specimen of necrosed tissue found in sputum which came from the lung of a patient in whom phthisis was considered to be cured. The patient was 33 years old, and had good health until February of this year, when he complained of pain in the left side of the chest, cough and high fever. After several days these lessened and the amount of sputum increased and contained numerous tubercle bacilli. Dullness over the left apex, with rough breathing and crepitation, was made out, and the patient was sent to Davos, where he stayed ten

weeks. His general condition had wonderfully improved, the weight increased 17 pounds, and he soon resumed work. Examination of the chest showed retraction of the supraclavicular fossa, over which dullness was absolute; the respiration was more of a mixed character; there was little cough, confined to the morning, slight mucous expectoration being all that was ejected. The sputum was collected for three days and examined. It contained a small yellowish-gray mass about the size of a hempseed and of fatty consistence. Examined histologically, it showed a ground substance, in parts coarsely and elsewhere finely granular, in which were seen isolated cell-nuclei, fatty droplets, some fatty and otherwise degenerated epithelium, and, what was of most importance, a network of elastic tissue which displayed clearly the alveolar structure. Bacteriologically no tubercle bacilli were found. In discussing the origin of this piece of tissue, Kroenig remarks that the most common form of tissue necrosis met with in phthisis is caseation, either in the tuberculous nodule or in the inflammatory exudation surrounding, to both of which the bacillus gives rise. In this there is of course a large number of bacilli to be found. With regard to the sequestrum in question, he believed that, coming as it did from a case where the tuberculous process had healed, tubercle had nothing to do with it, but rather that in the course of cicatrization interference with the blood supply through a small blood vessel took place, either by endarteritis or pressure, and anemic necrosis set in, the sequestrum being expelled through one of the smaller bronchi.

—Berlin. Klin. Wochenschr., No. 24, 1894.

A BICYCLE AMBULANCE.

Dr. H. L. Getz, of Marshalltown, Ia., has invented an ambulance attachment to a "safety" bicycle. It consists in a stretcher, the frame of which is made of aluminium and covered with canvas. When not in use it is rolled up. When the cyclist wishes to transport a wounded person he simply unrolls the stretcher, attaches it and puts the patient on it, and pushes it along as any other wheeled stretcher.

Obstetrics.

MYOMECTOMY DURING PREGNANCY.

Stavely tabulates 33 cases, including 2 previously unpublished, in which Dr. Kelly, of Baltimore, operated. The maternal mortality was 8, or 24.25 per cent.; 2 deaths were due to hemorrhage, 1 to long-standing aortic disease, and 1 to peritonitis; 3 died after abortion, and 1 sank from some unspecified cause; 24, or nearly 80 per cent., of the 33 cases have been reported since 1884. Eliminating cases operated upon before 1885, there remains a mortality of 16.66 per cent. Since 1889 17 cases have been reported, or over half the entire number, with a death-rate of 11.75 per cent. The foetal mortality is 30.30 per cent., or 9 abortions and 1 miscarriage; 20 of the women were delivered at term of living children; 1 was prematurely delivered at the eighth month, nearly six months after the operation. In 3 cases in which the mothers died no statement is made concerning the abortion. Sixteen myomata are reported as pedunculated; 4 of the patients (including the case of aortic disease) died after operation, 1 aborted, 1 died after giving birth to a still-born child. In 15 cases, where the myoma was sessile, there were 6 abortions, and 4 patients died. Nine were operated upon during the last eight years, with 2 deaths and one abortion; the abortion occurred in one of the fatal cases. Stavely considers that, with our present experience, and with the improvements which have acted so beneficially on modern surgery, myomectomy for pedunculated or sessile tumors during pregnancy is, in properly selected cases, comparatively safe and thoroughly justifiable.

—New York Journ. of Gynec. and Obstet.

POST-PARTUM HEMORRHAGE.

Fehling has published a paper on the pathology and treatment of hemorrhage occurring directly after birth. Authorities, basing their opinion on the statistics of lying-in hospitals, are divided as to the relative frequency of bleeding, under the above circumstances, from uterine inertia, and of bleeding from lacerations. In fact, diagnosis is not always easy. The two factors may exist together.

Sometimes hemorrhage from a laceration may be confounded with uterine atony, as in sudden emptying of the uterus in spontaneous evolution, in hydramnion and in placenta previa. In these complications the blood may gush out suddenly. The distinction remains doubtful till the bleeding is checked by massage of the uterus. Free hemorrhage, as though a laceration existed, is seen after the expulsion of a four to six months' ovum. After Cesarean section, where there can be no question of a lacerated cervix, hemorrhages are known which may place the patient in great peril, yet are stopped by the tampon, friction of the fundus and other measures employed in cases of uterine inertia. In every case of post-partum hemorrhage the obstetrician should do his best to diagnose the nature of the bleeding. When a case is doubtful, and the uterus has been made to contract by the usual rubbing, the best time to distinguish is when a contraction has just ceased. In atony the collected blood is suddenly driven out of the uterus; but, when there is a laceration, blood spurts or oozes out continuously. Vulvar and vaginal wounds are the most usual injuries after spontaneous and forceps labors. In turning and in breech cases lacerations of the cervix are more common. The search for such injuries should always be made; the cervix must be drawn down and its lips parted; under these circumstances, however, dilated vessels may begin to bleed. Hence laceration of the cervix has been reported more frequently than truth can sanction. Vulvar and vaginal wounds should be sewn up with catgut; but, when skilled assistance is not at hand, the obstetrician should not attempt to repair torn cervix. It is sufficient to apply for a time an iodoform-gauze tampon.

—Deutsche Med. Wochenschrift, June 7, 1894.

FOETUS IN UTERO FORTY DAYS AFTER TERM.

Tarnier delivered a lecture in April on a woman in her second pregnancy. The last period was on June 15 to 17, 1893. Hence term would fall on March 20 to 24, 1894. Delivery did not occur till April 27, nearly 40 days after term. Tarnier had known a pregnancy to last nine

months and fifteen days. In this case it may be suggested that the patient became pregnant not just after the June period, but just before the period was due in July. But starting from July 14 would make the date of delivery 13 days over term. Evidence was against impregnation later than July. The uterus was not nearly as large at normal term, blood-stained amniotic fluid came away, in fact, the fetus had been dead for some time. On April 27 the patient was delivered. The hairy scalp, pushed forward in front of the collapsed cranial vault, presented and felt at first like a very small fetal head. The true head, and after it the body, were soon delivered. The fetus was macerated, not putrid. It weighed nearly $2\frac{1}{2}$ pounds, but was over $13\frac{1}{2}$ inches in length. It had clearly lost weight through maceration. The average weight of a six-months' child is just under 2 pounds and 9-10ths, but its length a little over $11\frac{1}{2}$ inches. The exact date of this child's death could not be determined from its condition at birth. The placenta was in a state of fibro-fatty degeneration.

—Journal des Sages-Femmes.

THE TREATMENT OF INFANTILE CONVULSIONS.

In a recent number of the *Gazette des Hospitaux* M. Jules Simon presents a very carefully written paper on the treatment of convulsions in infants. He agrees with most observers that the causes of this disorder in the great majority of cases is some digestive disturbance. He first directs his attention, therefore, to the alimentary canal. This is to be cleared of its contents as rapidly as possible. A warm enema of oil or glycerin is given at once. In our own experience glycerin has proved the most efficient means of evacuating the bowels quickly. One or two teaspoonfuls should be injected, without the addition of water, and should be retained by compression as long as possible. If there is the least reason to suppose that the stomach contains undigested food, it should be evacuated by an emetic. To check the convulsions before the enema has acted, the author advises the use of chloroform. We have known a fatal termination to be attributed by the friends to the use of this remedy. It must be given with extreme caution and should be dispensed with until other

measures have failed. In convulsions due to irritating substances in the stomach and bowels nitrite of amyl may be resorted to, but is not so efficacious as in epileptic convulsions. After the bowels have been made to act, or when they have failed to act after one or two attempts have been made to affect them, the most efficacious treatment, M. Simon believes, consists in the rectal administration of chloral and musk. The use of chloral in this condition has come into very general use in this country. It acts efficiently and promptly, and is well tolerated by children. The author's dose, however, it seems to us, is rather large, although it may be given in proportionately large doses to children. He advises eight grains for a child six months old and fifteen grains for one a year old. In addition to this, he administers small doses of bromide of potassium every hour. This drug unquestionably has a beneficial effect, not so much in the immediate relief of the convulsions as in preventing their recurrence. We prefer bromide of sodium for children. The most reliable means of preventing recurrence in ordinary cases is complete evacuation of the alimentary canal. If undigested or irritating matter is allowed to remain, convulsions are very prone to recur.

Cutaneous revulsives, such as hot baths, mustard baths, and blisters to the back of the neck, are advised by the author only in very obstinate cases. Search should be made at once by the physician for the cause of the convulsions. If indigestion, constipation, and inflammatory disease of the bowels are absent, cutaneous irritation or reflex irritation from hernia, phimosis, or foreign bodies in the ear or nose should be sought for, the possibility of unemia or disease of the brain being always kept in mind.

—N. Y. Med. Journal.

THE FATS OF HUMAN MILK.

Ruppel has made a very careful analysis of the fatty constituents of woman's milk. The task is not easy, and he admits that there is extreme difficulty in eliminating the higher acids. He concludes that human milk is relatively poor in volatile fatty acids. The fixed oils consist of nearly 50 per cent. of oleic acid. Of the fixed solid oils, myristolic and palmitolic prevail over stearoleic acid.

—Zeitschr. f. Biologie.

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., 44 West 46th St., New York.

A CONVENIENT VAGINAL BI-POLAR ELECTRODE HOLDER FOR FAR- ADIC APPLICATIONS.

Long-continued bi-polar applications, and especially those intended for sedative effects which require from fifteen to thirty minutes in administration, demand either the constant personal supervision of the physician or the aid of a trained attendant. The electrode must be vigilantly watched to avoid a disaster or must actually be held in place by the operator.

This makes serious inroads upon valuable time and is one of the chief objections to the method of treatment. Eight or nine months ago I devised an impromptu holder, which the patient could grasp and retain the electrode in position automatically, to the entire relief of the time of either myself or an assistant. It is no trouble for the patient to hold it in her hand during treatment, and it is only necessary to place it in position and adjust the current. The operator is then free to attend to other patients, and a method which was formerly a great tax upon one's attention becomes practically self-managing. As it has proved so convenient for my own use I have described it to the Kidder Manufacturing Co., of New York, who will furnish it hereafter. It is an insulated steel rod about twelve inches long with a handle of hard rubber and crooked at the lower extremity to fit into a socket drilled into the tip of the electrode. It can be used with any size or shape of bi-polar electrode, and as a time-saver has been invaluable in practice.

S. H. MONELL.

ELECTRICITY, INFANTILE PARALYSIS AND MOTHERS.

On March 5 of the present year an English physician of some repute read a paper before the Medical Society of London in which he described the various forms of infantile paralysis, and remarked that after examination, diag-

nosis, etc., he then handed the child over to the mother for electrical treatment, as "he had found that mothers could easily be taught where to place the electrodes." This paper was forcibly criticized by Dr. Hedley, in the London Lancet of March 10, who says, "mothers can be taught where to apply a poultice, but does the question rest here? Great efforts have been made to rescue medical electricity from incompetent hands, and attempts have been made to establish an exact dosage, and the suggestion advocated is a distinct retrogression. In a case where there is a little lingering flicker of neuro muscular excitability it might be altogether extinguished by the very slightest amount of over-stimulation, and, perhaps, irreparable mischief caused."

The statement that he usually hands over his cases to the mother is somewhat odd, in view of the fact that the same physician declares elsewhere that "when patients are left to themselves with a battery the results are uniformly unsatisfactory, and the usual consequence is solely to bring medical electricity into disrepute."

This last is so representative of the general experience of skilled electricians that it should be continually in the minds of physicians who thoughtlessly encourage home treatment. The amateur use of batteries, without knowledge of the action of medical currents, cannot contribute to the scientific elevation of electro-therapeutics.

NERVOUS TROUBLES OF UTERINE ORIGIN AND THEIR ELECTRIC TREATMENT.

Uterine lesions, though at first simple and localized, soon react upon the whole organism, justifying the old adage, "The woman lives by and for the womb." It will be well to divide these troubles into two classes:

1. Nervous troubles of the uterus itself.
2. Nervous affections of distant organs.

As a result of metritis, even when cured by proper treatment, we may have

amenorrhœa, dysmenorrhœa, or menorrhagia.

All these conditions are due to a weakened or atonic condition of the uterus, and for their relief the induced current is indicated. Many authors have found this to be the best current to use, and I wish to refer to it here in order to explain the apparatus which applies the current to the organ better than any other.

One pole is a concave disc into which the cervix fits, while the other is a platinum rod which enters the uterine canal. This apparatus acts both electrically and mechanically, and helps to correct the uterine malpositions which often occur simultaneously with the other affections.

The intensity of the currents should be bearable, and it will, therefore, vary according to the patients. The treatments should last from 15 to 20 minutes, and they should be given during the week which precedes the time of the periods in dysmenorrhœa and amenorrhœa. If menorrhagia be present then the week which follows should be chosen.

This method should be continued for several months, and from 12 to 15 treatments ought to effect a cure.

Let us now consider the general troubles resulting from metritis, salpingitis, ovaritis, etc. They are nervous dyspepsias, general neuralgias and headaches.

The best treatment for these secondary affections is the static breeze, while the cause should be removed as far as possible by treatment of the primary trouble. If there is a rheumatic element in the case bi-electrolysis, with descending galvanic currents and medicines such as the salts of lithia or iodide of potash will prove an excellent adjuvant.

DR. F. DE COURMELLES.

EXPERT WITNESSES NEED NOT BE THE BEST OF THEIR CLASS.

It is not required, the Supreme Court of Dakota holds, in the case of Glecker vs. Slavens, decided May 28, 1894, that an expert witness stand at the head of his class to make his evidence admissible. The jury, it says, will determine the value of his opinion from the knowledge which he shows himself to possess.

Prescriptions.

TREATMENT OF THRUSH IN CHILDREN.

Dr. Descroizilles (Lo Sperimentale, No. 8, 1894), in case that the child cannot gargle, washes out the mouth with either emollient decoctions or infusions or irrigates with a solution of the bicarbonate of soda or oxygenated water. The affected spots are also touched with the nitrate of silver. Then he advises locally:

	Gram.
Boric acid (dr. 2½).....	10.0
Glycerine (oz. 1½).....	50.0

German See employs the following:

Starch (dr. 1)	4.0
Powdered borax (dr. 1)	4.0
Pure glycerine (dr. 5)	20.0

In obstinate cases G. Simon praises:

Chloride zinc (grs. 15)	1.0
Alcoholized water (plnts 2).....	1 litre.

This solution may be either applied with a brush or used as a mouth wash.

Widal applies Van Swieten's solution to the affected parts in rebellious cases.—Lancet Clinic.

FOR SCIATICA.

	Grams.
R—Antipyrine (2 dr.).....	8
Syr. aurantii (4 dr.).....	15
Aquæ aurant (2 oz.).....	60

M. Sig.—A dessertspoonful every hour to four hours until three to six doses are taken.

Germala See.

FOR GASTRALGIA.

	Grams.
R—Tinct. conii (1 dr.).....	4
Tinct. valerianæ.....	15
Tinct. opii camph.....	8
Aquæ lauro-cerasi, aa. (2 dr.).....	8

M. Sig.—Seven drops in a little milk when the pain appears.

Monin.

RETARDED LABOR.

	Grams.
R—Quiniae sulph. (40 gr.).....	2.50
Acid. sulph. aromat. qs ut ft sol.....	30
Syr. zingiberis (1 oz.).....	60
Aquæ ad (2 oz.).....	60

M. Sig.—A tablespoonful at once, and a dessertspoonful every four hours afterward (in atony of uterus).

Ringer.

LABOR, RIGID OS.

	Grams.
R—Morph. sulph (2 gr.).....	12
Aquæ distil. (1 dr.).....	4

M. Sig.—Five minims hypodermically, repeated if necessary.

Ringer.